Exhibit B

UCC Financing Statement

Coop 33 19303 WS Doc 62-3 Filed 01/13/23 Entered 01/13/23 11:48:27	Desc
UCC FINANCING STATEMENT	

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Jay de la Torre	4422182550
B. E-MAIL CONTACT AT FILER (optional) fulfillment@middesk.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Jay de la Torre 85 2nd Street	┐
Suite 710 San Francisco, CA 94105 US	_

A. NAME & PHONE OF CONTACT AT FILER (optional)		.			
Jay de la Torre	4422182550			New Jersey f the Treasury	
B. E-MAIL CONTACT AT FILER (optional)				& Enterprise Ser	vices
fulfillment@middesk.com				Section .	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			Fi	led	
Jay de la Torre		Fili	ng Numi	ber:56093223	
85 2nd Street	·	07	/22/22	2 19:37:27	
Suite 710			,,		
San Francisco, CA 94105					
US					
		THE ABOVE SPACE	CE IS FO	R FILING OFFICE USE O	NLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use	exact, full name; do not omit,	modify, or abbreviate any part of t	the Debtor	's name); if any part of the Ind	ividual Debtor's
name will not fit in line 1b, leave all of item 1 blank, check here	nd provide the Individual Debto	or information in item 10 of the Fir	ancing Sta	atement Addendum (Form UC	C1Ad)
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Dacosta	Alexano	ndre J			
1c. MAILING ADDRESS	CITY	•	STATE	POSTAL CODE	COUNTRY
80 Columbia Ave	Kearny		NJ	07032-2948	US
2 DEPTODIC NAME, Parish ask as Daktage (2- or 2h) (see			le e Deleten	Commence of the control of the control of	inial and Dalas and
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here are		modify, or abbreviate any part of t or information in item 10 of the Fir			
2a. ORGANIZATION'S NAME	na provido irio marriada Bosi		anoing on	The first of the second of the second of	
Za. ORGANIZATION S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NIARAT	LADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			l	stina	SUFFIX
Antunes	Vivianı	ne			
2c. MAILING ADDRESS 131 Union Street	CITY		STATE	POSTAL CODE	COUNTRY
131 Union Screet	Newark		NJ	07105	US
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	NOR SECURED PARTY): Pro	vide only one Secured Party name	e (3a or 3b	r)	
3a. ORGANIZATION'S NAME					
Vero Finance Technologies, In	iC.				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
125 Borinquen Pl, Apt 301	Brookl	vn	NY	11211	US
4. COLLATERAL: This financing statement covers the following collate:		2			
All Assets	rai:				

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
600377421	

UCC FINANCING STATEMENT ADDITIONAL PARTY

FO	LLOW INSTRUCTIONS						
18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here			State of New Jersey Department of the Treasury				
	18a. ORGANIZATION'S NAME		Division o		nue & Enterprise CC Section Filed	Services	
OR			1	Filing	Number:56093223		
On	T8b. INDIVIDUAL'S SURNAME Dacosta			07/22/22 19:37:27			
	FIRST PERSONAL NAME		_				
	Alexandre						
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
	J		THE ABOVE	SPACE	S FOR FILING OFFICE (JSE ONLY	
19.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a	or 19b) (use exact, full name; o	lo not omit, modify, or ab	breviate ar	ny part of the Debtor's name)		
OR	BAV AUTO L.L.C.						
UΠ	19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
	1829 US Hwy 1	Rahway		NJ	07085	US	
20.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	or 20b) (use exact, full name;	do not omit, modify, or ab	breviate ar	ny part of the Debtor's name)		
	20a. ORGANIZATION'S NAME						
OR	20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
20c	L MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
_							
21.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a 21a. ORGANIZATION'S NAME	or 21b) (use exact, full name; (do not omit, modify, or ab	breviate ar	ny part of the Debtor's name)		
OR	21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	<u> </u>	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
21c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
22.		I GNOR SECURED PAR	Γ Y'S NAME : Provide α	nly <u>one</u> na	l nme (22a or 22b)		
	22a. ORGANIZATION'S NAME						
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
22c	. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
00	☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSI	 GNOR SECURED PAR	TVIC NAME: D		(00 00')		
23.	23a. ORGANIZATION'S NAME	GNOR SECURED FAR	IT S NAIVIE: Provide d	only <u>one</u> na	ame (23a or 23b)		
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	<u> </u>	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
					I		
23c.	. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
24.	MISCELLANEOUS:				I		

The filer attests that the Collateral set forth in this Financing Statement is within the scope of the New Jersey Uniform Commercial Code-Secured Transactions pursuant to N.J.S.A. 12A:9-102 and N.J.S.A. 12A:9-109, as required by N.J.S.A. 12A:9-502.